## Office of Administration

## Commissioner's Office

## "Request for Preauthorization for Other Services"

Program: Alternatives	to Abortion		
Contractor: LFC	es .		
Subcontractor: CO	KC- St. Joseph		
item to be purchased, c purchased/provided to		ication. Items must	be approved before
Client Name; Date Enrolled		led: 10/17/16	-
Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
03/20/17	State of Missouri Birth Certificate	\$15.00	Client is in need of birth certificate for her son born on 1/25/17 with no other resources or funds for identification purposes.
Amount to be		\$15.00	
reimbursed			
Administration, Comm	natives to Abortion Program vissioner's Office, State Capit o 573/751-1212 or emailed vi	ai Building, Room, .	125, Jefferson City, MO
Authorized person requ		Soller	M
Approved for purchase:		Date <u>2/12/17</u>	
Purchase denied:	Dat	te	
Reason for denying pur	chase:		